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CONFIRMATION NO. 2424

<b>SERIAL NUMBER</b> 10/796,861	<b>FILING OR 371(c) DATE</b> 03/08/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Paul Calabresi, Barrington, RI; James Darnowski, Barrington, RI;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/212,401 08/05/2002 PAT 6,703,413 which is a CON of 09/730,923 12/06/2000 PAT 6,429,224 which claims benefit of 60/169,122 12/06/1999 and claims benefit of 60/169,127 12/06/1999 and claims benefit of 60/169,128 12/06/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/28/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 77
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 10		
<b>ADDRESS</b> 6449				
<b>TITLE</b> USE OF TAUROLIDINE TO TREAT TUMORS				
<b>FILING FEE RECEIVED</b> 1199	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	